MAXIMUS Federal Services

Case Number:	CM15-0019593		
Date Assigned:	02/09/2015	Date of Injury:	09/13/2006
Decision Date:	03/30/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/03/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: New Jersey, Michigan, California
Certification(s)/Specialty: Neurology, Neuromuscular Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The 39-year-old male injured worker suffered and industrial injury on 9/13/2006. The diagnoses were lumbosacral radiculopathy, myofascial pain, and lumbosacral disc displacement. The treatments were medications, epidural steroid injections, physical therapy, and medications. The treating provider reported complained of low back pain, positive straight leg raise and decreased sensation on the right side. The Utilization Review Determination on 1/21/2015 non-certified Lumbar epidural steroid injection at the right L4-L5 under fluoroscopy, citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Lumbar epidural steroid injection at the right L4-L5 under fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short-term benefit, however there is no significant

long-term benefit or reduction for the need of surgery. The patient file does not document that the patient is candidate for surgery. The patient has had a previous ESI with no evidence of functional and pain improvement. In addition, documentation does not contain objective findings on examination and recent electrodiagnostic study to support the presence of radiculopathy. Therefore, Lumbar epidural steroid injection at the right L4-L5 under fluoroscopy is not medically necessary.